

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)
In this community 36 yrs

3. (a) PRINT FULL NAME Sarah Shanks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Joseph David Shanks 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 77 Months - Days - If less than one day hr. _____ min. _____

9. Birthplace 6 Russia (City, town, or county) (State or foreign country)

10. Usual occupation Home Work

11. Industry or business _____

12. Name Unknown 13. Birthplace 6 Russia (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace 6 Russia (City, town, or county) (State or foreign country)

16. (a) Informant Herman Shanks

(b) Address 2035 Hwaatha

17. (a) Burial (b) Date thereof 7-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill Cemetery

18. (a) Signature of funeral director Overlander E.P.

(b) Address 4469 Washington Blvd

19. (a) JUL 28 1941 (b) 2035 Hwaatha (c) 2035 Hwaatha (d) 2035 Hwaatha

(Date received local registrar) (Registrar's signature) (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 112899 Manhattan Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 28, year 1941 hour 10:30 minute 14 M.

21. I hereby certify that I attended the deceased from March 20 1941 to July 28 1941
that I last saw her alive on July 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 7 days
Due to Pharyngitis 10 days
Due to Chronic Myocarditis 4 mo

Other conditions (Excessive heart factor)
(Include pregnancy within 3 months of death)

Major findings: Excessive heart factor

Of operations _____ Of autopsy 93d

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. C. Campbell (M. D. or other) Dr. C. Campbell

Address 112899 Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.